

Request for the assignment of an SOC Extension Code

Agency Name:	Date:
	Contact:
Agency Code:	Email:
	Telephone:

Class Code and Title:
DHRM Proposed SOC Code and Title:
Agency proposed extension title:
Agency proposed definition for the extension:

What benefit is obtained by using the extension?

Number of positions in your agency to which the extension applies:

Please attach other documentation necessary to understand this request.

The former class was: Unique to this agency Used by several agencies

This recommendation: Applies to this agency only Applies to all agencies

Submit to DHRM no later than April 1, 2003

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